

Federal Executive Board Greater Los Angeles Pre-Retirement Training

NATIONALLY KNOWN PRESENTER WITH EXCELLENT CREDENTIALS IS COMING TO SOUTHERN CALIFORNIA—BACK BY POPULAR DEMAND!

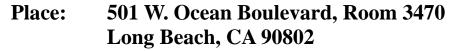
SPACE IS LIMITED, COMPLETE REGISTRATION ON REVERSE

January 26, 2009: CSRS and CSRS Offset

(8:00 a.m. to 4:00 p.m. - \$85/per person)

January 27, 2009: FERS and those who have transferred to FERS

(8:00 a.m. to 4:00 p.m. - \$85/per person)



Each Course Includes:

- Creditable Service, i.e., military
- Retirement Options and Eligibility
- Computing Annuities
- Selecting a Retirement Date
- High-3 Average Salary
- Survivor Benefit Elections
- Death Benefits
- COLAs
- Health and Life Insurance
- Medicare and Social Security
- Thrift Savings Plan
- Federal Long Term Care

Registration Fee: \$85/per person

(Spouses may attend free of charge on space availability basis)

The presentations include employees covered under the special provisions for Law Enforcement Officers, Fire Fighters, Air Traffic Controllers, and Military Reserve Technicians.

(Please bring your recent SF 50, Leave and Earning Statement, Social Security or other retirement statement to assist with your specific questions)





Federal Executive Board Greater Los Angeles 501 W. Ocean Blvd, Suite 3200 Long Beach, CA 90802

Phone: 562-951-6970 Fax: 562-951-6902 Email: RayNell.Crawford@dhs.gov



www.losangeles.feb.gov

Purchase Form

Registrations for Pre-Retirement Training will be accepted until class is full or January 19,2009

Please Fax or Mail this form to the FEB Staff Office 501 W. Ocean Blvd., Suite 3200, Long Beach, CA 90802 or FAX (562) 951-6902

Contact Person:		Email:	
Phone:		Fax:	
Agency:			
Address:			
City:	State:	Zip:	
Di			
		January 26, 2009 CSRS Co	
1		Email	
2		Email	
Please list names of those	who will attend the J	January 27, 2009 FERS C	ourse below:
1		Email	
2		Email	
Method of payment:	☐ Enclosed Check	☐ Credit Card	
Credit Card Information:	☐ Master Card	□ Visa	
Full name as it appears on credit	t card: (Please Print)		
Approving Signature:			Additional names
Credit Card No.:			and emails may be submitted on a
			separate sheet!
Expiration Date: Mo.	Year		
Total amount authorized for t	his nurchase \$		
Total amount authorized for t	ніз ригеназе ф		